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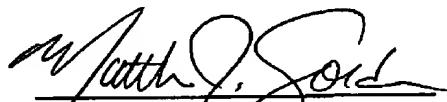
NOTES/COMMENTS:

PLEASE HAND DELIVER

In re Application of: James E. McShane et al
 For Patent entitled: FOOT AND SHOE DEODORANT
 Group Art Unit: 1617
 Filed: 09/29/2000
 Attorney Docket No.: FC0807Q1
 Serial No.: 09/675,938

Transmitted herewith are:

- Fax Transmittal Sheet – 1 page
- Certificate of Fax Transmission – 1 page
- Form PTOL-85 Issue Fee Transmittal – 1 page in duplicate



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Docket Number: FC0807Q1
 Application No: 09/675938
 Filing Date: 09/29/2000
 First Inventor: MCSHANE, James E

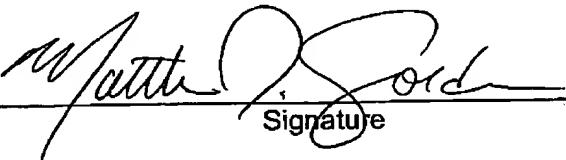
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24265 7590 03/08/2006

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Matthew J. Golden, Reg. 35,161 (Depositor's name)

(Signature)

06/02/2006

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/675,938	09/29/2000	James E. McShane	FC0807Q1	1065

TITLE OF INVENTION: FOOT AND SHOE DEODORANT

06/06/2006 TBESHAKH2 00000074 190365 09675938

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0 02 FC:0001	\$1400 30.00 DA	06/08/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
SHARAREH, SHAHNAH J	1617	424-076200

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
SHARAREH, SHAHNAH J	Robert J. Lipka Matthew J. Golden 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Schering-Plough Healthcare Products Inc. Memphis, TN

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 10

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A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-0365 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Matthew J. Golden

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Date 06/02/2006

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